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<b>(21) International Application Number:</b> PCT/US00/05633 <b>(22) International Filing Date:</b> 3 March 2000 (03.03.00) <b>(30) Priority Data:</b> 60/122,977 5 March 1999 (05.03.99) US <b>(71) Applicant (for all designated States except US):</b> G.D. SEARLE & CO. [US/US]; Corporate Patent Department, P.O. Box 5110, Chicago, IL 60680-5110 (US). <b>(72) Inventors; and</b> <b>(75) Inventors/Applicants (for US only):</b> ALEXANDER, John, C. [US/US]; 1100 Pelham Road, Winnetka, IL 60093 (US). RONIKER, Barbara [US/US]; 1530 North Dearborn Parkway, Chicago, IL 60610 (US). DESAI, Subhash [US/US]; 1011 Greenwood Avenue, Wilmette, IL 60091 (US). <b>(74) Agents:</b> KEANE, J., Timothy et al.; G.D. Searle & Co., Corporate Patent Dept., P.O. Box 5110, Chicago, IL 60680-5110 (US).		<b>(81) Designated States:</b> AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG).  <b>Published</b> <i>With international search report.</i>
<b>(54) Title:</b> COMBINATION THERAPY OF ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND EPOXY-STEROIDAL ALDOSTERONE ANTAGONIST FOR TREATMENT OF CARDIOVASCULAR DISEASE		
<b>(57) Abstract</b>  Combinations of an ACE inhibitor and an epoxy-steroidal aldosterone receptor antagonist are described for use in treatment of circulatory disorders. Of particular interest are therapies using epoxy-steroidal-type aldosterone receptor antagonist compounds, such as eplerenone, in combination with an angiotensin converting enzyme inhibitor. This co-therapy would be particularly useful to treat congestive heart failure while avoiding or reducing aldosterone-antagonist-induced side effects such as hyperkalemia.		